

FORM TO BE USED BY FEDERAL PRISONERS IN FILING A CIVIL ACTION
UNDER 28 U.S.C. § 1331 OR § 1346

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

DIVISION

Jose R. Barrera

05-40107 RWZ

(Enter above the full name of the Plaintiff
or Plaintiffs in this action)

VS.

David L. Winn, Warden
F.M.C. Devens;
Federal Bureau of Prisons

(Enter above the full name of the Defendant
or Defendants in this action)

- A. Have you begun other actions in Federal Court dealing with the same facts involved in this Action? Yes _____ No X
- B. If your answer to A is yes, describe the action in the spaces below. (If there is more than one action, describe the additional actions on the reverse side of this page).

1. Parties to the action: _____

2. Court (Federal Court name the district): _____

3. Docket Number: _____
4. Name of Judge to whom case was assigned: _____

5. Disposition: (Was case dismissed? Was it appealed? Is it still pending?) : _____

C. 1. Did you present the facts relating to your complaint in the internal prison grievance procedure? Yes X No _____

2. If your answer is Yes, what was the result? The office of the director for the B.O.P. stated that the Central Offices' action is to allow for classification under P.S. 5100.07 for Sex-Offender Classification and is hereby denied.

3. If your answer is No, explain. _____

D. 1. Did you present your claim to the Bureau of Prisons or other Federal agency for administrative action? Yes X No _____

2. If your answer is yes, state the date such claim was submitted and what action, if any has been taken. Began filing on June 1, 2004 through October 19, 2004, with final response of no.

3. If your claim has been acted on, attach copies of any correspondence you have received from the Bureau of Prisons or other Federal agency concerning your claim.

E. 1. Are you suing for a work related injury? Yes _____ No X

2. If your answer is Yes, state the nature of the duties you were performing when the injury occurred. _____

PARTIES

(In item I. Below, place our name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any).

I. Name of Plaintiff: Jose R. Barrera, 57833-053
Address: F.M.C. Devens, P.O. Box 879, Ayer, MA 01432

(In item II. Below, place the full name of the defendant in the first blank, his / her official position in the second blank, and his / her place of employment in the third blank. Use the space below item II. for names, positions and places of employment of any additional defendants.)

II. Defendant David L. Winn; F.B.O.P. employed as Warden and F.B.O.P.
At F.M.C. Devens, Ayer, MA 01432
& F.B.O.P.

STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet(s), if necessary.)

1. The placement of a public safety factor on myself for a 40 year
old case from NY for a state conviction. This PSF classification was
placed on the PSI without court notification by the BOP four months
after conviction. The PSI states only the citing of the past history
case.
2. The case in question, providing this PSF, holds no merit due to
letter attached from my wife, the supposed victim.
3. The PSF holds no merit within Federal Guidelines because of age
factors imposed.

RELIEF

IV. State what relief you seek from the Court. Make no legal arguments. Cite no cases or statutes.

I am seeking the removal of the public safety factor placed upon me by the Federal Bureau of Prisons. I also seek removal from the BOP-SOMP program currently holding me in my current location. This removal will allow me the chance to relocate to either MDC Brooklyn or back to FCI Ft. Dix in order to be closer to my family, which I request to be mandated by the court.

Signed this 23rd day of JUNE 200 5.

J.R. Barrera

(Signature of Plaintiff or Plaintiffs)

DECLARATION

I, Jose R. Barrera declare under penalty of perjury that I have read and subscribed to the above and state that the information contained therein is true and correct to the best of my knowledge.

Executed June 23, 2005 at F.M.C. Devens, Ayer, MA 01432
Date Place

Jose R. Barrera
Signature of Plaintiff

Signature of Attorney (If Any)